

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1490

State File No. 197

FILED FEB 11 1942

Registration District No. 335

Primary Registration District No. 1662

Registrar's No.

1. PLACE OF DEATH:

(a) County Kan
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Vineyard Park Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo (Specify whether
In this community 1 mo years, months or days)

3. (a) PRINT FULL NAME Jessie Bird Whitsitt

3. (b) If veteran, name war 3. (c) Social Security No. no

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, WIDOW
2 divorced
6. (b) Name of husband or wife W. E. Whitsitt 6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased Jan. 8 - 1877 (Month) (Day) (Year)

8. AGE: Years 65 Months 8 Days 8 If less than one day
hr. min.

9. Birthplace Carroll Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business notion store

MOTHER FATHER { 12. Name C. Bruner
13. Birthplace Ky. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Bird
15. Birthplace Ky. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ruth Walker
(b) Address Columbia Mo

17. (a) Burial (b) Date thereof 1-18-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director J. B. Webb

(b) Address Blue Springs Mo

19. (a) 1/16/42 (b) M. M. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Blue Springs (If outside city or town limits, write "RURAL")
(d) Street No. mo (If rural, give location)
(e) If foreign born, how long in U. S. A? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1942 hour 5:00 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 16, 1941, to Jan 16, 1942, that I last saw her alive on Jan 15, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Embolism Broncho-pneumonia Duration 8 days
Due to Gangrene of both legs 35 days
Due to Thrombo-angitis obliterans

Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations Gastric Reflux Of autopsy none 157

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature J. E. Sheldon (M. D. or other)
Address 922 4th St. KC Mo Date signed 1-18-42

STATEMENT BY LICENSED EMBALMER.

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *R. B. Webb*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.